

CLAIMS ONLY

SERIAL NO.

1074821

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	1					
5						
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50						
TOTAL IND.	2					
TOTAL DEP.	7					
TOTAL CLAIMS	6					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number	Filing Date 01/07/2002	
							Applicant(s) KATHY L. RUNGE		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	X						51		
2		X					52		
3		X					53		
4	X						54		
5		X					55		
6		X					56		
7							57		
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47							97		
48							98		
49							99		
50							100		
Total Indep	2						Total Indep		
Total Depend	4						Total Depend		
Total Claims	6						Total Claims		

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